

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?: None

Title:: Reinforced Medical Probe Cover

Attorney Docket Number:: 27455.00

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 3

Small Entity?: Yes

Petition Included?: No

Petition Type::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Clifford Eugene
Family Name::	Gammons
Name Suffix::	
City of Residence::	Loudon
State or Province of Residence::	TN
Country of Residence::	US
Street of mailing address::	784 Butler Drive
City of mailing address::	Loudon
State or Province of mailing address::	TN
Country of mailing address::	
Postal or Zip Code of mailing address::	37774

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22465
Phone number:: 865-584-0105
Fax Number:: 865-584-0104
E-Mail address:: jncutler@pitts-brittian.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	22465	
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

ASSIGNMENT INFORMATION

Assignee name:: Adroit Medical Systems, Inc.
Street of mailing address:: PO Box 277
1146 Carding Machine Rd
City of mailing address:: Loudon
State or Province of mailing address:: TN
Country of mailing address::
Postal or Zip Code of mailing address:: 37774-0277